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DR. MARSHALL HALL ON PUERPERAL DISEASES.

(Continued from page 379.)

THE cases which have been now detailed, will sufficiently display the usual symptoms and effects of loss of blood in the puerperal state, and demonstrate the danger, in different cases, of mistaking these effects for inflammation, or disease of the brain or heart, according as the symptoms affecting the former or latter organ may predominate. The first will strongly illustrate the danger of drawing a wrong inference from the effects of bloodletting in such cases; for the symptoms were all relieved by this measure; but its repetition was attended with some alarm, if not hazard. This case illustrates another point, which is, that leeches applied to the temples may relieve and be admissible when general bloodletting is inadmissible. It is further to be observed, too, that the application of leeches to the temples was followed by the same degree of reaction as the bloodletting; so that, in this respect also, they formed the appropriate remedy. The second, and especially the third of these cases, strongly exemplify the symptoms of affection of the heart arising from loss of blood.

I now propose to detail the principles of the treatment in cases of the effects of loss of blood in the puerperal state.

In the first place the state of exhaustion from loss of blood, with or without reaction, by no means precludes the possibility of congestion within the head. And it is no less certain that the application of leeches to the temples, or of the cupping-glass to the back of the neck, relieves the symptoms of affection of the head, arising from loss of blood, in a remarkable manner. In a case given by Mr. Hey, in his work on puerperal fever, which I regard as being of this character, and to which I shall have occasion to revert hereafter, urgent symptoms of affection of the head were twice relieved by the abstraction of but three ounces of blood from the temporal artery. This mode of treatment must not, therefore, be neglected, except in the most extreme cases, in which the loss of even so small a quantity of blood, and that from the head even, might precipitate the remaining powers of the patient.

The next point of practice which requires to be mentioned is the state of the stomach and bowels. If these were free from all disorder before the occurrence of the loss of blood, yet the state of exhaustion ever induces a deranged state of the alimentary canal. The state of the bowels must, therefore, claim our attentive consideration in every

case of symptoms arising from loss of blood Their functions and tone must be carefully restored by every means in our power, while we as carefully avoid any fresh source of exhaustion. The bowels must, in particular, be carefully evacuated daily. This may perhaps be best done by means of the warm water injection, so often recommended in these lectures already, with or without the aid of a draught containing an ounce of the infusion, and two or three drachms of the compound tincture of rhubarb, and of manna.

By these means, the state of irritability which is so apt to affect the system, and especially the head and the heart, in cases of exhaustion from loss of blood, is greatly obviated. But, for this affection, it is frequently also necessary to give some mild but efficient anodyne. The tinctura opii, the tinctura hyoscyami, the spiritus ammoniæ aromaticus, &c., are extremely useful remedies in this affection. But perhaps the best are the liquor opii sedativus of Battley, or the extract of poppy, given in efficient doses.

When the head, the heart, and the alimentary canal have been thus relieved, and even during the exhibition of the medicines which have been enumerated, it is of the first importance to attend to all the following points: viz., nourishment, fresh air, quiet, soothing, sleep, &c.

It is difficult to give any rule for the administration of nourishment. But the first rule is to ascertain that the bowels have been properly evacuated; otherwise food will only oppress the stomach; the second is to give the nourishment itself in such forms as will prove light and easy of digestion; the third is that it should be taken at first very slowly and in small quantities. Arrow-root, done in water, beef-tea, panado, sago, &c., may be given frequently.

The best restorative we possess, is, I believe, fresh air; but it is especially the best in the cases under consideration. The warmth and closeness of a lying-in room, must therefore be forthwith exchanged for free ventilation, only observing the due precautions against giving cold.

Nothing is more essential than quiet, both of body and mind. Bodily exertion leads to still further exhaustion, and perhaps even to unexpected dissolution. And every kind of mental effort or hurry not only exhausts the patient's strength, but is extremely apt to lead to those attacks of symptoms of irritability, of which I have given so full a description.

The patient should be soothed and lulled in every possible way; and it is of the utmost importance to procure sleep. But it should be observed, in regard to sleep, that too long a sleep is apt to exhaust or overwhelm the patient. This is especially true if it be not preceded by nourishment. The sleep is also apt to be injurious by leading to turbulent dreams, which have the same bad effects as waking hurry of mind; the sleep should, therefore, be watched, and it should be interrupted if the patient is observed to suffer from agitation; this is best done, I think, by offering nourishment, for the patient is immediately collected, on awaking, from knowing what is doing.

There is one point which I have not hitherto mentioned as it deserves. It is the efforts made by the patient to suckle her infant. Nothing is so

injurious in *all* puerperal diseases. These morbid affections have often appeared to be first induced by the attempt to nurse; and they have still more frequently been exasperated by it. This attempt especially involves, within itself, almost everything which can be injurious in a state of exhaustion; the drain, the muscular effort, the mental excitement, implied in the act of suckling, are all of the most injurious tendency in this affection.

(To be continued.)

ON THE CAPILLARIES OF THE EYE.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—When my former article* on the anatomy and physiology of the capillary bloodvessels was inserted in your Journal, I was not aware that the optical phenomena which induced me to write that article had been previously observed or described by any author. I have since discovered that they have been treated of in various scientific and medical works. No one, however, so far as I have been able to discover, entertains the same opinion with regard to them that I do. So early as 1831 a writer in the London and Edinburgh Philosophical Magazine, Thomas Batcheldor, Esq., describes them as observed in his own eyes, and by referring to that article it will be seen that he entertains the same opinions and gives the same explanations of them as your correspondent, Mrs. G. The earliest published opinions of that lady, upon this subject, appear in the same journal for 1834. She afterwards treats of them, more at length, in a work entitled "Discoveries in Light and Vision," published in 1836, which contains many interesting and novel experiments and suggestions, and deserves to be much more extensively known than it is.

Mrs. G. thinks that the objects seen in the eye, and which I suppose to be the seriferous capillaries of that organ, are nothing more than viscid secretions floating in the aqueous humor, and that what I suppose to be pores in the parietes of these vessels are air-bubbles adhering to the viscid secretions after they have assumed the form of strings, or that the bubbles adhering together form these strings. She states that the strings seldom continue of the same shape more than a second or two. My observations have led me to a very different conclusion. I stated in my former article that they retain the same appearance for years, and I now repeat the assertion. The vessels which I first saw are now distinctly visible, and I cannot perceive any change whatever in their appearance. I need hardly observe that this would not be the case, if they were nothing more than strings of bubbles. Dr. Dunglison,† in some comments on my opinions, states that he had seen in his own eye a tube resembling those described by me; and afterwards in some remarks introductory to a communication‡ from Mrs. G., he makes the following observation.

* Boston Medical and Surgical Journal, Vol. XVI. No. 18.
† American Medical Intelligencer, Vol. I., page 145.
‡ American Medical Intelligencer, Vol. I., page 186.

"We may merely observe," says he, "in reply to the reference made to the appearances in our own eye, that they could not have been of the character to which our correspondent (Mrs. G.) alludes, inasmuch as instead of rarely continuing in shape more than a second or two, they were identical, or nearly so, for months or even years."

When these vessels are seen most distinctly, the pores in their parietes have no resemblance to air-bubbles; they are not in immediate contact with each other, but placed at distinct intervals. Their relative position never varies. The ramifications of the vessels are distinctly visible. I have repeatedly seen one part of a vessel in the very act of contracting its diameter, while the other parts remained the same. It may be objected that the diameter of a string of bubbles would be diminished by its being stretched out; but I have seen these vessels contracting their diameter when they were not stretched out, but very much folded up upon themselves. Mrs. G. says that some of them have detached open extremities; I have never seen any such, and I cannot conceive how a string of bubbles can have an open extremity. Dr. Dunglison, in speaking of the tube seen in his own eye, remarks, that instead of "the pores being confined to the sides of the apparent vessel, there was a manifest termination in an open mouth." I think Dr. Dunglison must have been deceived. I have myself several times thought I could perceive detached extremities to these vessels; but I have always discovered that I was deceived by a part of the vessel being hidden from view. I do not deny that any such extremities exist; but I do not think their existence probable.

The reader may be disposed to think that the objects observed by each of us are of a different nature; but I am satisfied that the same objects are to be seen in every eye. I have never known any one fail of seeing them, who made use of the proper means. I feel confident that both Mrs. G. and myself see the same objects; and, of course, the conclusion of one or the other must be erroneous. We have no proof of the existence of air or gas of any kind in the form of bubbles in any of the healthy living fluids. If it did exist in any considerable quantity in the aqueous humor, it would be a very serious impediment to vision; now thousands of these pores are seen in the eye; but, in general, it is only when the attention is directed particularly to them and the eye is placed in a favorable light, consequently thousands pass their entire lives without ever noticing them.

To suppose that air-bubbles could attach themselves together in the form of a string, and retain, in an organ so restless as the eye, the same relative position for years, is absurd, and Mrs. G. does not suppose it. She says that they seldom continue in the same shape more than a second or two. To account for those objects which I affirm to remain the same for years, she makes use of a very singular supposition. She says,* "The fixed tubes and spots certainly, as Dr. Alexander observes, have the appearance of being in motion, a motion which only belongs to the eye itself. On a careful examination, after the lapse of a year, he will find that the spots and irregular tubes, which he imagines are the

* Boston Medical and Surgical Journal, Vol. XVII., p. 80.

seriferous capillaries, will appear in the same place and present the same appearance. They are nothing more than *flaws* and *cracks*, just such as we see in the *dried* lens of an ox when we look at it through a magnifier." Now Mrs. G. seems to conclude that because there are flaws and cracks in the *dried* lens of an ox, there are flaws and cracks in the living human lens. Even supposing that flaws and cracks do exist in the lens, they could not present the appearance of these vessels. Some of the vessels that are seen move very freely upon themselves, and are evidently ramified upon some internal part of the eye, which is capable of moving independently of the external coats. Flaws or cracks in the lens could not change their relative position. Whoever will take the trouble to observe for himself, will be convinced that the appearances described remain always the same. He will no doubt find it difficult at first to get a good view of them, and to keep them in sight for any length of time; but by practice this difficulty is overcome, and if he then fixes upon any one of the vessels, and remarks its peculiarities, he will be able to see it again and again, and to convince himself that it remains always the same. It is from not pursuing this course that Mrs. G. has been deceived.

Mr. Batcheldor makes the following remarks on the means of rendering the muscæ volitantes (as he calls them) visible. "I have tried," says he, "various means of illuminating the interior of the eye, in order to examine these specks to the greatest advantage. They may be seen by looking through any small lens at a candle—it is best to use the smallest lens which can be procured; for the light thus entering by a very small point is obviously more likely to admit of a shadow being cast upon the retina by a small object between it and that membrane. By looking through a small hole in a plate of tin, I have also clearly seen a stratum of still smaller particles than those which appear as specks, and interfere, in a trifling degree, with vision under ordinary circumstances."

Mrs. G., in "Discoveries in Light and Vision," recommends a variety of methods which will be found very useful by the beginner; it is, however, easy to acquire the power of seeing the vessels without any artificial aid, and it is better to do so, as they are then seen more distinctly and frequently, and in different lights.

In Vol. IV. of the new series of the London and Edinburgh Philosophical Magazine, will be found several papers on the bloodvessels of the retina as rendered visible by the experiments of Steinbuch and Perkinje; but these are an entirely different set of vessels from those now treated of, and only the shadows of them are seen; on this account I shall not at present take any further notice of them.

Boston, Jan. 10th, 1839. ANDREW ALEXANDER.

PEDATE VIOLET.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—This herb is now called, by botanists, pedate violet, or birds foot violet; but has long been, and is yet, known in the western part of

Massachusetts by the name of parsley violet, and was so called when first had of an Indian in 1696. I do not know that it has ever been noticed by any medical author for any use as a medicine, but it has been so esteemed in my father's family, and was ever ready for his use during his life, after he had been relieved by it in a case of nephritis in 1739, to his death in 1792. It has been kept by me as a shop medicine more than sixty years. If asked why not more generally known and used, I answer, I have not failed in many opportunities of telling its properties; nor has it been used by me alone, as I have supplied some even at a distance. A tea of these violets I esteem as an excellent mucilaginous diuretic, so affecting the urinary vessels as to have promoted the passage of calculi into the bladder and brought them off. It has also relieved a spasmodic dysuria, and is a valuable medicine in disorders of young children, and been often of use in complaints of child-bed women, making a palatable drink not improper in a fever, and, a little sweetened, rarely refused even by timorous little ones. I doubt whether a substitute can be found to operate with so much ease and so good effect, without any consequent debility of the vessels, which is probably owing to the peculiar mucilaginous quality of the herb.

I think the article ought to be introduced into the materia medica, and also cultivated, lest the agriculturists, in their zeal for improvement, should eradicate it, which I should consider a loss. I have never seen them growing in Berkshire. They are to be found on the head lands of old plough-fields, on the plains in the valley of the Connecticut river in this State, which were formerly covered with yellow pines. I have had my supply always from Hatfield. The largest growth of the said violets I ever saw was north of Westfield town, on the old road, as I went to Northampton some years ago in May. Near the middle of said month they are in full bloom, when they ought to be gathered, root and branch, dried well in the shade, inclosed then in paper bags (double) and secured from moisture.

The petals of the flower are five in number (of the size of the garden violet flower), two of them white, two pale blue, and one a deep blue (if I forget not their order), standing on stems rising direct from the main root, as do each of the leaves. In some instances there are fifty or more leaves from one root; the stems of the leaves and fibres from the main root, when dried, are not larger than fine wire; said main root ought ever to be bruised before steeping. I have thought a tea from them to be best if made with water not boiling, but simmering hot, and the second steeping as good if not better than the first, if made seasonably.

For a persuasion to have these violets noticed and used as a diuretic, I will relate certain cases where said violets were used to good effect, and if my narrative is thought too circumstantial, I hope that it will not be thought altogether uninteresting. The Rev. Wm. Williams, of Hatfield (their 2d minister), in the seventeenth century had many relatives in the neighborhood of Boston; his daughter Martha (eventually my grandmother) was, say in the year 1696, when not quite ten years old, carried to reside awhile with her aunt Hyde at Mystic (now Medford), four miles from Boston; while there she heard her aunt relate that her

son's life had been despaired of in a case of gravel, and that an Indian happening to call and ask what was the complaint, was told the case and of his desperate state, and said I think I can give something to help him. His two physicians, who were of Boston, were soon informed, who agreed to have him use the medicine, and requested that if practicable Mrs. Hyde would procure some of his roots. She laid aside two or three roots, which were set in a garden and carefully attended to; they sprouted and proved to be the parsley violet (as then and till lately so called). The young man voided a calculus and recovered, and the cure was imputed to the violets.

My father, Col. Oliver Partridge, formerly of Hatfield, was 26 years old in 1739, so that it is near a century since the time he was so greatly afflicted with the gravel that his recovery was despaired of by all who saw him. Being the only son of his parents and in active usefulness in civil and military life, his distressed and hopeless condition excited great anxiety in all who knew his state. My grandmother would since say, that sleep was departed from her, and finally, in her anxious wakeful hours the case of her cousin Hyde, as she heard related (as above said more than 40 years before) came suddenly into her mind, and without delay the said violets were procured, plentifully used, and he voided a calculus, and was relieved. He himself has told me that it was nearly the size of a large pea, not entirely round, somewhat notched, so that he was astonished at its ever being brought off. Many times after this he had turns of dysuria, and was always relieved by the violet tea, and sometimes the sediment of his urine, when dried, was gritty. He died of a pectoral affection in 1792.

More than thirty years since, as I was going to Saratoga Springs with a diseased friend, an old gentleman with his attendant happened in company, and he was subject to nephritic complaints; his favorite physician was Dr. Sylvester, of Boston (if I rightly remember the name), whose directions he had followed some years, and had used his silver catheter himself. We rode till near two o'clock, when his pains obliged him to stop; after resting, &c., we went on a few miles, and he could go no further. His pains were so great, and he so disheartened, that he said he should never go on or return, but die there. The medicine he had taken that day I thought to be soponaceous and anodyne, but it had not the effect he expected. I persuaded him to lay aside his medicines and use the violet tea. He went into a bed warmed (say Sept., 5 1-2 P. M.), and took two large teaspoonfuls of my elixir asthmatic (so made, i. e. opium ʒ i. &c., to 8 ʒ spts.), and plentifully of the violet tea often, and a little food in the evening, as tea and milk biscuit. By 11 o'clock he was so comfortable I went to bed, directing his attendants not to omit the tea; I think he might have taken more than a quart. During the night his water flowed with ease and in plenty, and in the morning he was comfortable. I observed at the bottom of one of the urinals, what I saved and proved to be five calculi, two of the size of large radish seed, and three of a likeness to cabbage seeds. We rode to Albany (11 miles) this day, and Friday (the next) to Ballstown. Sabbath, he was out, P. M., two miles to meeting. In the night I was called up

and found him using his catheter; the violets were again used, and he was comfortable the day after, his urine carelessly thrown out. We were at the Congress Spring as soon as we could be; this water was very beneficial to him, and proved to be of a lasting benefit.

March 28th, 1830, a female, the third child of healthy, respectable parents in active life on a farm, was born, and to appearance healthy as usual, till nearly six weeks old, when it had turns of pains which daily increased until they were distressing. Living in the northwest part of this town, their family physician was Dr. C., of Lenox, in whom they had all necessary confidence. The attacks were from four to six or seven times in 24 hours, as sudden as a flash, with shrieks from distress as if pierced through with a knife, throwing out her limbs as if her whole body was afflicted with spasms; the arms, with several tremulous jerks, placed on her head, as if to pull it forward; the arms a minute or more not pliable; the lower limbs bent and drawn up some, and the body bent forward, some resembling emprosthotonos. The distress did not continue more than two minutes before she sobbed, swooned, and sank into a listless state, as if much fatigued, and at once all the muscles became quite relaxed. After about six weeks attendance (as thought necessary) the said doctor quitted his patient, saying that she was affected with an incurable malady, seated, as he thought, in the head, that it did no good to give any medicine, and that she would languish and die, for he had not given an article which appeared to be of any benefit, except castor oil, after which the spells of distress were more tolerable two or three times. This relation was from the mother, who, some days after the child was left by her doctor to pine and die, brought her to stay at our next neighbor's a few days, as she said, not to expect any benefit from my prescription, for she fully confided in her doctor's opinion as to the event, but only to let me see her distress, and know whether I had ever seen or heard of anything like it. She said they could not impute the distress to any disorder of body; she slept quietly except at the times of distress, was supplied with a plenty of good food from the breast, and seemed to relish it, yet she was evidently more and more feeble and languishing, and she presumed would soon die, as the doctor had said, and that she and her husband were worn out with care and watching day and night, and had not had a quiet night's rest in more than five weeks. Sitting a few hours by the child, several females being present, we were startled as suddenly as if a pistol was fired, with a shriek of distress as the turns, above described, came on. I soon questioned whether the babe was not found wet directly after said times of distress. The mother said, invariably very wet. I then said I should not wholly despair in the case, and would give a little medicine if directions would be followed, which I thought might be very beneficial, if it did not remove the complaint, and was very certain it would not be hurtful. Fearing that in this distressing case, pronounced desperate and believed to be so, an herb tea alone prescribed would be disdained and neglected, I ordered a tea of said violets to be given every hour (if not asleep), and to insure strict attendance, added 8 or 10 drops, every 2d hour, of spt. nitre dulc. neutralized with aq. ammonia. Near midnight

she had another distressing spell, but never any more. The mother tarried a few days, expecting a return of the complaint, which I tolp her I should call a spasmodic dysuria, and the most distressing of the three cases I had seen in subjects too young to tell their complaints, and yet much the soonest relieved; that she might impute the relief solely to the violet tea, which she might continue, abating by degrees, and finish in about two weeks; but if any return of the complaint, to have recourse to the tea again.

About two months after I met the father, on the road, who told me the babe was doing well and gaining strength and health; but they were inclined to think she made rather too much water. I directed some uva ursi and rosar. rub., made into a strong tea and given syringe-wise awhile. This family afterwards moved to a distance. Last winter, in an answer to a letter to her parents, the mother informed me that the child had not had any of said complaint since, but enjoyed comfortable health, yet was not so athletic as her brother and sister, and they think that she has not been able to retain her urine as long as their other children.

The particular efficacy of these violets in disorders of little ones who cannot tell their feelings, is such, from their mucilaginous and diuretic qualities, that I cannot think of a substitute, especially when from attentive observation I find that something of the kind is needed; and for the benefit of these patients alone, I think these violets are worthy of notice.

Stockbridge, Dec. 1838. Your friend, &c.,

OLIVER PARTRIDGE.

P. S.—It is presumed that this article will long be called parsley violet by the people of Hampshire county. O. P.

SUSPENSION OF THE POWER OF SPEECH FROM THE USE OF CAMPHOR.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I was called on Sunday, December 16th, to visit Miss B., a young lady whom, the messenger said, was very ill, and that she had "already lost her speech."

The following symptoms were obvious upon my arrival:—flushed face, eyes suffused with blood, pupils dilated, extremities cold, pulse full, soft, and about forty to the minute, breathing laborious, and a constant putting of the hand to the top of the head and again to the stomach, as though suffering great pain in both of those organs, the brain and the stomach. In addition to these symptoms there was a total loss of speech for the time being; but notwithstanding the power of speech was lost, her hearing remained unimpaired, so that she understood every inquiry that was made, and nodded her head in confirmation or denial of all questions asked her.

As I was informed by her friends that she had never been subject to fits, and that she had enjoyed the most perfect health for a long time previous, and as her tongue at this time appeared perfectly clean and

natural, I could not account for the symptoms until, upon close inquiry, I found that about four hours previous to my being called in, she had taken, for a slight pain in the stomach, a dessert spoonful of a strong solution of camphor, but which had been entirely overlooked by her friends as the cause of her illness, although she became unwell and lost the power of speaking soon after taking the draught.

Before and after I arrived, she had exacerbations of suffering as often as once in twenty minutes, when she would almost cease to breathe and appear in great anguish and distress.

As she had previously enjoyed good health, and as the appearance of her tongue at this time did not indicate any derangement in the digestive apparatus, I did not hesitate to say that her illness was produced solely by the camphor which she had before taken. If this conclusion was correct, the case obviously offers itself as one confirmatory of the theory "that camphor in its operation is primarily and chiefly directed to the cerebral and nervous systems; and the circulation, though usually affected to a greater or less extent, is involved only through the agency of the brain." It will be recollected in this case, that although the camphor was taken in a sufficient quantity to suspend the power of speech and produce other alarming symptoms, yet it entirely failed, as a narcotic, of affecting the function of the brain so far as hearing, seeing and understanding were concerned.

The statements of this young lady, after her recovery, were, that after taking the camphor she was seized with a violent pain in the head and through the temples, accompanied with an indescribable sensation of sinking and exhaustion, as though her breath was leaving her.

In conclusion, I will merely add that the remedial means made use of were a blistering lotion to the temples, and a smart emetic of ipecacuanha and mustard. The emetic not operating, it was repeated in thirty minutes; full and free vomiting soon followed, with the recovery of speech and the abatement of the unfavorable symptoms.

Wilton, Me., Dec. 30th, 1838. JAS. L. BROOKS.

ACCLIMATION IN THE WEST.

IN the West, you will often hear medical men, as well as others, speak of strangers becoming seasoned or acclimated. These terms refer to some kind of illness (mostly of a febrile character) with which emigrants are attacked, and this sickness, of whatever character it may be, is considered as constituting the highest point or summit of a gradual process called *acclimation*. Emigrants commonly experience this sickness, which is supposed to procure for them, in a greater or less degree, exemption from future attacks, during the first, second or third year; but the longer it is delayed, generally speaking, the more severe is the attack. The following account of an attack of extreme severity, which occurred in the third year of the residence of the writer, it is true is not strictly medical in its details, but as the circumstances under which it occurred continue to exert a deleterious influence upon the health of emi-

grants from the eastern States, and as the symptoms are described with the graphic pen of one who had himself felt all he has recorded, the description may not be devoid of interest.

The attack of sickness occurred a week after returning from an excursion on the Illinois river, in the month of August. It may be premised that this river is sluggish in its motion, and so shallow, at certain seasons of the year, that reeds and tall grass, growing in the bed of the stream, rise above the surface of the water, and of course must receive and detain vegetable and other substances in a state of decomposition, deposits of a soil not exceeded by any in the world for the rank luxuriance of its vegetation. Besides which, the banks on either side of the river, in many parts of its course, are subject to annual inundations, the baneful effects of which are well known in intermittent and remittent fevers. The subject of this account had suffered much from *heat, bad food, and exposure, and had breathed the air of the Illinois, charged at that sultry season with miasma.* "I had had a fever before, and had risen and been dressed every day. But in this, with the first day, I was prostrated with infantine weakness, and felt with its first attack that it was something very different from what I had yet experienced. Paroxysms of derangement occurred the third day, that is, partial derangement mixed with a consciousness generally sound and a sensibility preternaturally excited. At the same time that I was unable to recognize the countenances of familiar friends, my memory was more than ordinarily exact and retentive, so that I repeated entire passages, in the different languages which I knew, with accuracy, many of which I could not so repeat upon my recovery to health. My mind was sometimes occupied with imaginations the most delightful, and at other times the most terrible. About the time my strength sank, and as the painful process of blistering and the administration of emetics and other active remedies were laid aside as of no further use, a mental hallucination occurred, from which every person who came into my room seemed to have an insufferable glare of light about his head, like a dazzling glory, and every one about me seemed to walk in the air, and in eccentric ellipses. Then there were continual flashes from my own eyes, like those arising from the concussion of a violent blow on the head. Such was my extreme weakness that, for the greater part of two days, I was unable to close my eyes; and yet during this period, when I was supposed to be entirely insensible, I possessed consciousness in such a degree as to hear and to know all that was passing about me. Fifty-five days had elapsed from the commencement of the attack before convalescence took place."

DEATH OF BROUSSAIS.

[From the London Medical Gazette we obtain the following particulars respecting the life and death of this celebrated physician.]

Professor Broussais died at one o'clock on Sunday morning, the 18th November, at his country seat, of Vitry, a few miles from Paris.

His immediate decease was rather sudden, but he had long labored under cancer of the rectum.

Brou sais was born at St. Malo, in December, 1772, and was, therefore, sixty-six years of age when he died. In 1792 he entered the army as a private soldier, but soon afterwards became an *officier de santé*. He subsequently served in a trading vessel during a period of six years, after which he went to Paris, and graduated as doctor in medicine. His thesis was on hectic fever, and was dedicated to Pinel.

Subsequently to this, he followed the campaigns in Holland, Germany and Spain; and it is said to have been amid the fatigues of military service that he conceived the plan of the work to which he owes his celebrity—the History of Chronic Phlegmasiæ. Of this the fifth edition was published in Paris during the current year.

Broussais was Physician-in-Chief to the Val-de-Grace; Professor of General Pathology in the Ecole de Médecine; and a Commander of the Legion of Honor. His appointments brought him 10,000 francs per annum.

He was attended in his last illness by M. Amussat, and when arrested by death, was actively engaged in a reply to the Memoir of M. Jouffroy against Phrenology, and in preparing a new edition of his work on irritation and insanity. There was a rumor, arising probably from the abruptness of his death, that he had been poisoned; but there seems to have been no ground for such a suspicion, and it appears to have speedily subsided.

M. Broussais was buried on the 21st of November, on which occasion all the usual display and parade which mark such scenes in Paris, were exhibited. A crowd of practitioners and pupils were assembled in the Rue d'Enfer; military medical officers, and the members of the Ecole, in their official dresses; deputations from the Academies of Sciences and of Medicine, were in attendance, to say nothing of a detachment of troops. This imposing *cortège* proceeded to the Val-de-Grace, MM. Larrey, Orfila, Boissy d'Anglas and Droz, being the pall bearers. Divine service having been performed in the chapel, the procession proceeded, the students having taken out the horses, and dragging the hearse all the way to Père-la-Chaise.

Discourses were pronounced over the grave by MM. Droz and Arago, in the name of the Institute; M. Larrey (*fils*) on the part of the military medical officers; and M. Bouillaud on that of the Ecole de Médecine.

The officers of the Val-de-Grace propose to go into mourning for a month, as a testimony of their affectionate respect for the deceased.

A subscription has been opened in Paris, for the purpose of erecting a monument to the deceased.

College of Surgeons.—Mr. Samuel Gaskel, of the Royal Infirmary, Manchester, has received the Jacksonian prize of 1837—for a "Dissertation on the Nature and Processes of Suppuration and Ulceration."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 23, 1839.

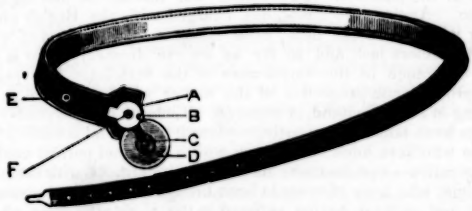
NEW VACCINE VIRUS.

The new lymph received in Boston from the city of Bristol, England, has been successfully propagated, and entire confidence is reposed in its character. This arises in a degree from the circumstance that it came recently from the cow. The vaccine matter which we were generally using in Boston at the time Dr. Putnam received the package from Mr. Estlin, came from the cow two or three years ago, in Rhode Island. On comparing the arms of two children vaccinated with the new and the old, we were unable to perceive the slightest difference in the external appearance of the pustules. The matter was introduced into each at the same time. Again—two quills, one charged with the British virus and the other with that in use here, were inserted into the arm of a young child, week before last, and so far as we can discover, there is not the slightest difference in the appearance of the vesicles. It is presumed that the prophylactic properties of the matter which we have generally been using in New England, is equal (to all intents and purposes) to that which has been imported. Lastly, to place it beyond all manner of doubt, that those who have been vaccinating with it may feel perfect confidence in the operation—vast numbers have been vaccinated with the old from time to time, who have afterwards been brought in frequent contact with smallpox, but without having suffered in the slightest degree whatever. There are, probably, several thousand children in the public schools of Boston, who were vaccinated at the Health Office, with this same lymph, many of whom have been repeatedly exposed to smallpox, with impunity. In conclusion, we are persuaded that full reliance may be placed in either—one being as good as the other, notwithstanding the fact that the one is more recently from the fountain head. Under all circumstances, it is believed by many very experienced physicians, that it reproduces its kind, and that indefinitely. How far climate may modify its original properties in other countries, we know not, but since the introduction of kine pock matter into the New England States, upwards of thirty years ago, the original stock, it is thought by some, has never deteriorated; the people, with a few solitary exceptions, being free from the attacks of varioloid. Whenever a case of smallpox occurs, although in some instances fifty or a hundred persons may have been directly exposed, it rarely happens that it is thought necessary to re-vaccinate; such is the confidence of individuals thus situated, in an operation which, perhaps, may have been performed from twenty-five to thirty years before.

Fibrous Structure of the Retina.—The preparations of the eye, by Dr. Wallace, of New York, were sent to Sir David Brewster, and by him presented to the British Association at its last meeting. That they were examined with considerable interest may be inferred from the circumstance that Sir John Herschel has written to Dr. Wallace—and thus expressed himself. "Your preparations of the retina are certainly very

curious, and appear to place a *fibrous* structure beyond a doubt." This is flattering testimony. But it should be recollected that this learned astronomer is not an anatomist, and, further, those who are, have not yet seen these fibres sufficiently distinct to demonstrate them. We feel no disposition to undervalue the researches of Dr. Wallace; yet from all that can be gathered, there is great reason to fear that an active imagination has had something to do with the dissection. Very many in this neighborhood would like to examine the pamphlet written by Dr. Wallace—a copy of which cannot be mustered in one of the book-stores in Boston.

Dr. Fletcher's Truss.—Having announced, some weeks since, a new invention, by Dr. M. R. Fletcher, of a compound sliding truss, an ingenious instrument, there is just room in the Journal to-day to present a drawing of it. By a careful examination a tolerable idea may be formed of the construction. The profile view is very exact.



A refers to a rotary wheel on the under side. B, a small screw, the head of which is for the perineum strap, and fixes the wheel immoveably, as desired, at any guage. C, a short steel spring, connecting the block-pad to the revolving wheel. D, block-pad. E, a brass nut, fulfilling three objects, viz., it fixes the machinery to the spring, holds the leather covering to the spring, and, lastly, is a knob to fasten the end of the strap, as it goes round the body. F, a screw regulating the degree of pressure upon the pad, over the hernial orifice.

Extra-Uterine Pregnancy.—In the January number of the Southern Medical Journal, there is the report of a case by Wm. F. Baldwin, M.D., of Union Springs, Macon Co., Alabama, worth transcribing. A negro woman, of about 25 years of age, after death presented the following appearances. On opening the abdomen the placenta was found adhering to the parietes for about two inches round the umbilicus. On laying open the abdominal cavity there was a full-grown child lying parallel with it—the head occupying the epigastric region, and in contact with the mother's stomach; the right of the infant was towards the umbilicus, and the left to the intestines. Dr. Baldwin says it was as large a child as he had ever seen at birth, and perfectly formed, except the head, which was enormously distended with gas—the cranial bones having been broken into small pieces, apparently by the tremendous power of the abdominal muscles at the time when parturition should have occurred. The uterus, the size of a goose-egg, contained a small quantity of glairy fluid.

Ligamentum Dentis.—Dr. Antony, editor of the Southern Medical and Surgical Journal, has made the only common-sense observations we have seen, on the boasted discovery of a ligament, which on being cut, allows teeth to drop out of their sockets. It is surprising that practical anatomists, of all others, could have been so gulled as to admit the *possibility of the thing*. For the credit of the profession, we hope the journals will have no more to say about it, unless they are willing to become absolutely a laughing stock in Europe.

Censors' Meeting.—On Wednesday, January 30th, a meeting of the Censors of the First Medical District of Massachusetts will be held at the Boston Athenæum, at 3 o'clock, P. M. Gentlemen desirous of becoming licentiates, a necessary qualification to a legal practitioner of medicine and surgery in this Commonwealth, should make application to the Secretary.

Phrenological Journal.—A fourth number of the Phrenological Journal, just issued from the press at Philadelphia, contains some interesting papers. That entitled "*Phrenological Developments and Character of Tardie, the Pirate,*" is full of exciting interest; it makes one's blood run cold to read the narrative of that fiend's atrocities. Whoever prepared the article, possesses a tact for the horrible. Next—"*Association of Ideas,*" by R. P., does not amount to much; there is in it an evident manifestation of a desire to fill up the pages at all hazard. Still, we really like the Journal exceedingly, and warmly recommend it to the favor of the medical faculty.

New York State Lunatic Asylum.—The commissioners appointed in 1837 to contract for the erection of a State Lunatic Asylum, in New York, have made their report. From it we learn, that the plan submitted by them to the Governor—which plan was founded on observations made by the commissioners while visiting the institutions of a similar character already established in most of the northern and middle States—was approved, and measures were immediately taken to procure land and commence the erection of buildings. The sum of $66,300 has already been appropriated, all of which will be expended by the middle of February. The whole cost is estimated at 431,636, and the establishment is intended to accommodate, including officers and attendants, about 1000 persons.

Amputation of the Neck of the Uterus.—M. Retzius, of Stockholm, performed this operation during the year 1832, three times, but on each occasion the carcinomatous affection returned, and extended to the rest of the uterus. His experience is opposed to that of M. Lisfranc, and from the numerous examinations of the dead body which he has made, he is convinced that carcinoma is rarely confined to the neck of the uterus.—*London Lancet.*

Errata.—On page 365, line 29, for *north* read *south*, and for *west* read *east*. Page 366, line 20, for 1828 read 1838. The sickness of the publisher must be our excuse for these errors, as well as for any others which may have been detected in the two last numbers of the Journal.

DIED,—At Iowa, November 10th, Dr. Henry W. Eaton, late of Francistown, N. H., 25.—In Mercer Co., Illinois, September 10, Dr. Alfred Perry, late of Stockbridge, Mass, 58.

Whole number of deaths in Boston for the week ending Jan. 19, 29. Males, 14—females, 15.
Of consumption, 3—scarlet fever, 6—croup, 2—lung fever, 2—inflammation of the bowels, 2—ascites. 1—infantile, 2—inflammation of the stomach, 1—convulsions, 2—wounds, 1—hooping cough, 1—burn, 1—fracture of the leg, 1—typhous fever, 1—dropsy on the brain, 1—scrofula, 1.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - - DR. BIGELOW.
On Anatomy and Surgery, by - - - - - - - - - - - DR. REYNOLDS.
On Midwifery and Chemistry, by - - - - - - - - - - DR. STORER.
On Physiology and Pathology, by - - - - - - - - - - DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, August 17, 1838.

Aug 29—ep3m

AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1839—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston.

J 16.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 18th day of February, 1839.

Anatomy and Surgery, by JOSEPH ROBY, M.D., of Boston.
Theory and Practice of Physic, Obstetrics, and Medical Jurisprudence, by JAMES MCKEEN, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is $50, payable in advance. The lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

P. CLEAVELAND, *Secretary.*

Brunswick, Me., October, 1838.

D. 5—eop6t

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post-paid*, without which no letter will be taken from the post office.

Oct 3

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and whereopportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price $3,00 a year in advance. $3.50 after three months, and $4,00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.